## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"

for maintenance fee notifica				•	, , , , , , , , , , , , , , , , , , , ,	
CURRENT COLRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330  Post Office Box 7021  Troy, Michigan 48007-7021				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAM	ED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/599,016	09/18/2006	Landon	Landon C. G. Miller		TRB-10302/38	3156
TITLE OF INVENTION: SYSTEM AND METHOD FOR NEUROLOGICAL INJURY DETECTION, CLASSIFICATION AND SUBSEQUENT INJURY AMELIORATION						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLIC/	TION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	yes	\$755,00	\$300.00		\$1,055,00	
EXAMIN	INER ART UNIT C		CLASS-S	SUBCLASS		
B. S. Szmal		3736			•	
Address" (37 CFR 1.363).  Change of correspondence address (or Change of attached.  Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Gifford, Krass, Sprinkle, Anderson & Citkowski, P.C.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
x Issue Fee						
X   Publication Fee (No small entity discount permitted)   X   Payment by credit card. Form PTO-2038 is attached.						
Advance Order # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number						
5. Change in Entity Statu	s (from status indicated	d above)	······································			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
	dication Fee (if required	l) will not be accepted from a			viously paid issue fee to the appli at; a registered attorney or agent;	cation identified above, or the assignee or other party in
Authorized Signature	Authorized Signature /Avery N. Goldstein, Ph.D./				DateNov	ember 2, 2010
Typed or printed name	Avery N. Goldstein, Ph.D.				Registration No.	39,204